

T. Fed

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/688,746	
	Filing Date	10/17/2003	
	First Named Inventor	M. Mary Sinnott, et al.	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	4	Attorney Docket Number	13447.6.1

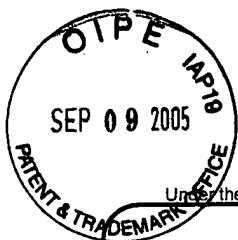
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Firm Name	MedicineLodge, Inc.		
Signature			
Printed name	David Meibos		
Date	9-6-05	Reg. No.	45,885

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Application Number	10/688,746
Filing Date	10/17/2003
First Named Inventor	M. Mary Sinnott, et al.
Art Unit	
Examiner Name	
Attorney Docket Number	13447.6.1

**I hereby revoke all previous powers of attorney given in the above-identified application.**☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number:

44270

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name M. Mary Sinnott

Signature *MS*Date *29 Aug 05*

Telephone

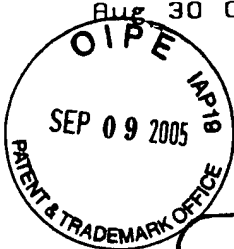
435-753-7675

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1/2 forms are submitted.

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PTO/SB/82 (09-03)

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Application Number	10/688,746
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Examiner Name	
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name Alan Chervitz

Signature

Date

Telephone

435-753-7675

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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